

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Editors' and authors' individual conflicts of interest disclosure and journal transparency. A cross-sectional study of high-impact medical specialty journals
AUTHORS	Dal Re, Rafael; Caplan, Arthur; Marusic, Ana

VERSION 1 – REVIEW

REVIEWER	Deepak Agrawal University Texas Southwestern Medical Center, Dallas, TX
REVIEW RETURNED	05-Mar-2019

GENERAL COMMENTS	<p>The authors have done a good job in combing through data. I feel the focus (introduction, discussion) should be on editors' Cols. Also some sentences were difficult to follow/understand. Specific comments are enclosed in the paper</p> <p>The reviewer also provided a marked copy with additional comments. Please contact the publisher for full details.</p>
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REVIEWER	Rongwang Yang Children's Hospital, Zhejiang University School of Medicine, China
REVIEW RETURNED	07-Mar-2019

GENERAL COMMENTS	<p>This is an important manuscript, showing the transparency of the publications in highly influential medicine journals. The study is well executed and the results informative and important for the future policy changes in general.</p> <p>Comments:</p> <ol style="list-style-type: none">1. It would be important if the authors state the significance of declaration of COI of editors in discussion.2. It would have been even more interesting if there was some more detailed analysis on what was the difference between journals in the field of basic research and clinical research.3. what was the differences in the COI declaration of authors' and editors' between medicine, surgery, public health specialties?4. From the author's point, how to monitor the editors have declared COI truly and completely?
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Reviewer Name: Deepak Agrawal

Institution and Country: University Texas Southwestern Medical Center, Dallas, TX, USA

Please state any competing interests or state 'None declared': None declared

The authors have done a good job in combing through data. I feel the focus (introduction, discussion) should be on editors' CoIs. Also some sentences were difficult to follow/understand.

ANSWER: We thank this comment by Dr Agrawal.

We believe that since this manuscript reports on authors and editors, we should mention the issues regarding CoIs declaration of both. In the Introduction, we tried to put the topic into perspective by attracting the attention of readers with a real recent oncology case and providing few data on how many authors of oncology papers did not declare their CoIs in top-ranked journals, and by providing some facts regarding the editors' CoI disclosure in the 14 ICMJE member journals. We have added a sentence regarding disclosure of editors' CoI (see below). Furthermore, in the Discussion we address both the authors' and editors' CoI disclosures.

Introduction (Page 5): "Practicing physicians working as journal editors may receive industry payments and, hence, these financial CoIs should be disclosed to readers. Thanks to the OPD data, we know that close to 50% of US clinicians belonging to editorial teams in top-ranked medicine journals have received payments from industry^{13–15}."

Specific comments are enclosed in the paper (attached)

ANSWER: We thank the thorough review of our manuscript conducted by Dr Agrawal. Since there are many edits and comments enclosed in the manuscript, we referred here only the most relevant ones. However, all edits could be easily identified since in the revised version are highlighted in yellow. The title has been edited and now reads as follows: "Editors' and authors' individual conflicts of interest disclosure and journal transparency. A study of high-impact medical specialty journals" With regards to the aim of the study we have to highlight that the aim was to assess the fulfilment of authors' and editors' individual disclosure of potential CoI. We have in fact checked if editors were disclosing their individual CoIs at the journals' websites. As far as authors is concerned, it is very easy to see if authors fulfil the requirement of reporting their CoIs by assessing it in the published articles.

Page 5/21 Lines 58–59. Dr Agrawal asked us to specify which editors "chief editor, associate editors, assistant editors or all editors listed. In Results include: how many total editors and mean number of editors per journal"

ANSWER: We have addressed this comment by adding the following sentence in page 6: "In addition, at each journal website we searched if there were information regarding the requirement of author's individual CoI disclosure at the time of manuscript submission and whether the journal provided editors' individual CoI declarations. This included all usual editorial positions, such as editors-in-chief, executive editors, deputy editors, and associate editors or their equivalent. We presumed that these job positions would be involved in the editorial decision-making process."

With regards to providing the total number of editors and the mean number of editors per journal, we do believe this is not a relevant metric. What we do believe it is very relevant is to report if a journal reported (or not) individual editors' CoI, regardless the number of individuals that actually did it. The number of individuals that have the term 'editor' in their titles varied significantly between journals. For instance, the 4 journals belonging to the BMJ group that reported the CoI of one or more of the members of the editorial teams but not of all members, had between 10 (Annals of Rheumatic Diseases) and 39 (Thorax) members. Specifically, these journals reported the following number of individual editors' CoI: Annals of Rheumatic Diseases, 1 of 10; Gut 1 of 20; Journal of Neurology

Neurosurgery and Psychiatry, 1 of 13; and Thorax, 3 of 39. In some journals, as in Gut and Thorax, there are types of editor that are not common in other journals such as Statistics editors or Social Media editors. If we do not take into consideration these types of infrequent editors, Gut and Thorax had 15 and 30 members in their editorial teams, respectively. Still there is a wide range in the number of editorial team members (from 10 to 30) within these 4 journals.

Page 6/21, line 46. The reviewer stated: "It may be helpful to report correlation of impact factor with 'following' ICMJE recommendations".

ANSWER: Since there were only 58 journals following the ICMJE Recommendations and impact factor (IF) is heavily impacted by the journal category (eg top 5 journals of general internal medicine have an IF that is between 4 and 7 times higher than in pediatrics): we believe this analysis would provide a biased estimate.

Page 7/21, line 5, the reviewer asked if our statement ("journal members of COPE and/or of the ICMJE Recommendations subscribers were not better than the other journals") can be statistically proven.

ANSWER: There were only 15 journals that neither followed the ICMJE Recommendations nor they were COPE members. Of these, 14 (93%) asked for authors' Col disclosure and only 1 (7%) reported editors' Col. Among the rest (n=115), all (100%) required author's Col disclosure and 15 (13%) reported individual editor's Col. There were no statistically significant differences between both groups.

The reviewer repeatedly asked us not to name the journals in the text. Since in this manuscript we are mentioning all journals in table 1, we think it is helpful for readers if we mention those journals with specific features in the text. As we worked with publicly available data, the readers will have access to all the information regarding each of the journals assessed, so mentioning some of them in the text is a way of helping readers to identify them.

Page 7/21, line 14, when we mentioned "...22 journals belonging to the Lancet, JAMA or Nature Reviews...", the reviewer asked why we mentioned them.

ANSWER: We did because a) these groups of journals comprised a large percentage (17%) of all journals included in table 1, and b) because all of them have high impact factors and are highly influential journals.

Page 8/21, line 60: We were asked to focus more the paper on editors' Col and not so much on authors.

ANSWER: We think that in the Discussion we have to address what happens to both authors and editors. In many instances, for example, when being involved on drafting clinical guidelines or when submitting a manuscript to a journal, journal editors have to behave as authors.

To address Dr Agrawal suggestion, we have added a couple sentences –based on a recently published paper that has been added as a reference (Wong et al)– that specifically tackle editors' Cols. So, in page 8 we have added the following: "In 2013–2016, 42% (141/333) of US-based physician–editors working in 35 journals with the highest number of citations in 2015 in seven medical specialties, received industry payments within any given year¹⁵. Median general payments to editors were mostly higher compared to all physicians within the same specialty¹⁵."

Page 10/21. The reviewer believes that a possible limitation of our study is that "ICMJE says on their website that they cannot verify the accuracy of the list and journals are not obligated to follow the recommendations".

ANSWER: This, however, does not impact our results, since a) we have verified –at each journal website– whether editors reported their Col, and b) ICMJE Recommendations could be followed or

not; journal editors may think they could be totally or partially follow them, but once a journal have included itself in the list of followers, then any reader will understand that the journal is obliged to follow them.

Reviewer: 2

Reviewer Name: Rongwang Yang

Institution and Country: Children's Hospital, Zhejiang University School of Medicine, China

Please state any competing interests or state 'None declared': No declared

This is an important manuscript, showing the transparency of the publications in highly influential medicine journals. The study is well executed and the results informative and important for the future policy changes in general.

ANSWER: We thank Dr Yang for this comment

Comments:

1. It would be important if the authors state the significance of declaration of COI of editors in discussion.

ANSWER: We thank this comment, however, we believe we stated the significance of editors' Col disclosure in two occasions: a) In the Introduction (page 4) when we stated: "Although authors' failure to disclose potential Col is of grave concern, matters are worse when it comes to disclosure by editors and editorial teams. COPE (Committee on Publication Ethics) –a highly respected professional committee providing leadership to editors, publishers and individuals on ethical publishing practices– supports that "editorial Col should be declared, ideally publicly"¹¹. Furthermore, the International Committee of Medical Journal Editors (ICMJE) Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly –which are followed by thousands of scholarly journals– state that editors should publish "regular disclosure statements" about their own potential Cols and those of their staff, and that guest editors should follow the same standards⁷.", and b) when we conclude our manuscript by stating (page 11): "Journal editorial teams are a key player that should apply to themselves the transparency they demand from their authors , by at least regularly updating their individual Cols declarations in an easily accessible place at the journal's website."

2. It would have been even more interesting if there was some more detailed analysis on what was the difference between journals in the field of basic research and clinical research.

ANSWER: The vast majority of journals included in our analysis belong to the clinical field, and very few could be regarded as mainly being basic research journals. This is because our interest was on describing what journals that could impact clinical practice did not disclose industry payments received by journal editors.

3. what was the differences in the COI declaration of authors' and editors' between medicine, surgery, public health specialties?

ANSWER: The sample of journals of this study is far from being balanced between surgery and medicine. So, there were only 5 Public Health journals, 28 surgery (including specialties with both medicine and surgery) and 97 medicine journals (including Anesthesia). We believe that any comparison would not be justified.

For the sake of curiosity, none of the 5 Public Health journals asked for editors' Col disclosure; among surgery journals, only 3 (of 28) reported individual editor's Col; 13 (of 97) medicine journals reported. As stated in the manuscript, all but one medicine journal (World Psychiatry) asked for authors Col disclosure.

4. From the author's point, how to monitor the editors have declared COI truly and completely?

ANSWER: We do believe that the best and easiest way is to post editor's Col at the journals' websites or even publish them regularly in the journal. This allows readers and authors to have an easy access to this information and it is also very easy to regularly update the information by the editorial team. Regarding if declarations are complete and true...this is another issue that it is difficult to address. Readers should trust that the information posted by each editorial team member is complete, true and updated.

To address this suggestion, we have added a sentence to the last paragraph (Page 11): "Journals editorial teams are a key player that should apply to themselves the transparency they demand from their authors, by at least regularly updating their individual Col's declarations in an easily accessible place at the journal's website."

VERSION 2 – REVIEW

REVIEWER	Deepak Agrawal UTSW, Dallas, TX, USA
REVIEW RETURNED	07-May-2019

GENERAL COMMENTS	<p>The premise of the study is simple but the way it is presented and written makes it difficult to follow and understand.</p> <p>The authors are stating that the journals do not follow the same requirements of reporting of disclosure of COIs for editors as they do for authors. It is not addressing if individual authors and editors have COIs but simply whether they are reported - title, introduction and discussion digresses from the main objective.</p> <p>Also significant emphasis is placed on being member of ICMJE and COPE. Although these professional societies recommend disclosure of COIs, they do not mandate it. The information on membership has little practical utility for reader or author of a published article. Editors should disclose COIs irrespective of whether they are members of ICMJE or COPE.</p> <p>The authors would do well to focus only on the narrow objective. The word count of the manuscript can be significantly shortened and message delivered as a brief report or communication.</p> <p>The reviewer also provided a marked copy with additional comments. Please contact the publisher for full details.</p>
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REVIEWER	Rongwang Yang Children's Hospital, Zhejiang University School of Medicine
REVIEW RETURNED	22-Apr-2019

GENERAL COMMENTS	I recommend to publish this manuscript in the current form.
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VERSION 2 – AUTHOR RESPONSE

Reviewer(s)' Comments to Author:

Reviewer: 1

Reviewer Name: Deepak Agrawal

Institution and Country: UTSW, Dallas, TX, USA

Please state any competing interests or state 'None declared': None

See file attached.

The premise of the study is simple but the way it is presented and written makes it difficult to follow and understand.

The authors are stating that the journals do not follow the same requirements of reporting of disclosure of COIs for editors as they do for authors. It is not addressing if individual authors and editors have COIs but simply whether they are reported - title, introduction and discussion digresses from the main objective.

ANSWER: We do believe the whole text of the manuscript refers to what Reviewer 1 flagged in the previous comment: our research refers on whether editors' and authors' actually disclose their potential COIs. We cannot understand why he believes the text does not convey this but whether editors and authors have COIs.

Also significant emphasis is placed on being member of ICMJE and COPE. Although these professional societies recommend disclosure of COIs, they do not mandate it.

ANSWER: Both ICMJE and COPE recommends disclosure of COIs...but, in fact, ICMJE followers (and many other journals) mandate authors' individual disclosure of potential COI—something that does not happen with editors' disclosure in the majority of journals that we assessed in this study. This is the essence of our work, to flag the different behavior among journal editors: they are very strict with authors, but very lax with themselves.

The information on membership has little practical utility for reader or author of a published article. Editors should disclose COIs irrespective of whether they are members of ICMJE or COPE.

ANSWER: We agree with Reviewer 1 that both authors and editors should disclose their potential COIs. Yet, this is not happening even within the most influential and renowned medical journals. We disagree with reviewer 1 on the relevance for readers and authors on knowing that a journal is a member of COPE or follows the ICMJE Recommendations. If this would not be relevant, journals would not report it. So, if editors are keen to report in journal websites if they belong to COPE or follow ICMJE, is because they believe it is of such relevance that readers must know it. This is even more important nowadays with the proliferation of predatory journals.

Journals consider disclosure of authors' financial COI important to such an extent that they publish Correction Notices in cases when the authors fail to disclose them (eg NEJM 2018, 379: 1585; JAMA 2018, 320: 2380).

The relevance for a journal of being included in the ICMJE Recommendation list of followers is such that the ICMJE acknowledges that "Editors whose journals have requested inclusion on this list by indicating that they follow the ICMJE Recommendations must be mindful of their responsibility to do so. Although we believe that most editors take this responsibility seriously and strive to achieve high standards, a growing number of entities advertise themselves as scholarly, peer-review medical journals yet do not function as such ("predatory" or "pseudo-journals"). Such journals may request listing here merely to gain the appearance of legitimacy." (emphasis added).

The authors would do well to focus only on the narrow objective. The word count of the manuscript can be significantly shortened and message delivered as a brief report or communication.

ANSWER: Following the editor's comment (see above) we have reduced the text of the manuscript but its length is still that of a research paper. We have maintained the discussion of what we believe is

critical: a) a significant percentage of editors receive remarkable payments from industry; b) payments from industry influence clinicians prescribing behavior; c) we should expect that some editors behavior could be influenced by industry payments; d) readers should know the potential CoI of journal editors, as they know that of authors

In addition to these comments, Reviewer 1 made several comments/suggestions directly on the manuscript. Thus,

Page 5, he suggested to start with "Prior studies showed..." instead of our sentence "Thanks to the OPD data..."

ANSWER: We have edited the text accordingly.

Page 6, the reviewer asked "Checking for quality of what?" when we wrote "A quality check process required for COPE membership, but not for ICMJE Recommendations listing". On COPE website one can read "Together with Open Access Scholarly Publishers Association (OASPA), Directory of Open Access Journals (DOAJ), and World Association of Medical Editors (WAME) we have therefore compiled a minimum set of criteria that journals will be assessed against when they apply for membership at one of our organisations. The full criteria can be seen here and we welcome feedback. We encourage authors and anyone else who is unfamiliar with a journal to use these criteria in assessing a journal." (emphasis added)

ANSWER: We believe it is not necessary to add any info in the text on this topic. Interested readers could easily have access to it.

Reviewer: 2

Reviewer Name: Rongwang Yang

Institution and Country: Children's Hospital, Zhejiang University School of Medicine, China

Please state any competing interests or state 'None declared': None declared.

I recommend to publish this manuscript in the current form.

ANSWER: We thank this reviewer's comment